

**West Shore Recreation Commission**  
704 Lisburn Road ■ Camp Hill, PA 17011  
(717) 920-9515

**Application for Employment**  
(Please Print)

Position Desired \_\_\_\_\_ Date \_\_\_\_\_

**Personal Data**

Name \_\_\_\_\_  
Last First Middle In.

Address \_\_\_\_\_  
Number and Street City State Zip

Telephone \_\_\_\_\_  
Home Work or Daytime Cell

E-mail address \_\_\_\_\_ Municipality \_\_\_\_\_

Are you at least 18 years of age? \_\_\_ yes \_\_\_ no If no, give date of birth \_\_\_\_\_

Are you legally eligible for employment in the U.S.? \_\_\_\_\_

What method of transportation will you use to get to work? \_\_\_\_\_

Were you previously employed by us? \_\_\_\_\_ If yes, when? \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

Reason for application \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education and Training**

<u>School</u>	<u>Name and Address</u>	<u>Did You Graduate?</u>	<u>Degree</u>	<u>Major</u>
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High School				
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Business or Trade				
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College				
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Other (Specify)				
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Special Qualifications: include technical and professional licenses, academic and professional awards

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List all present and past employment beginning with the most recent**

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Mo./Yr. Mo./Yr.  
Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Mo./Yr. Mo./Yr.  
Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Mo./Yr. Mo./Yr.  
Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

I give permission to contact the employers listed above concerning any information you deem relevant.

Signed \_\_\_\_\_

If there is a particular employer(s), you do not wish us to contact, please indicate which one(s).

\_\_\_\_\_  
\_\_\_\_\_

**Personal References**  
(Not Former Employers or Relatives)

Name and Occupation	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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The facts set forth in this application are true and complete to the best of my knowledge. I understand that if employed false statements on this application shall be sufficient cause for dismissal. I also understand that to qualify for employment, I may be subject to a background investigation and a medical examination.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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West Shore Recreation Commission does not discriminate on the basis of race, color, religion, national origin, sex, age or handicap as defined by law.

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**For Office Use**

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Interviewed by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Position \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Termination Date \_\_\_\_\_ Final Pay Rate \_\_\_\_\_

Reason \_\_\_\_\_

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Payroll:  W-4     I-9     New Hire

ID \_\_\_\_\_

Criminal / Child Abuse Clearance

Certifications \_\_\_\_\_